

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION REGISTRATION OF DRUG ESTABLISHMENT/ LABELER CODE ASSIGNMENT (In accordance with Public Law 92-387)	FDA USE ONLY	FDA USE ONLY
	RE 71968	REGISTERED FDA 2006 SEP 29 PM 1:54

NOTICE: This report is required by law (21 C.F.R. 207.20). Failure to report can result in imprisonment for not more than one year or a fine of not more than \$1,000, or both. (FD&C Act, Section 303).

LABELER CODE: 1500
 REGISTRATION NUMBER: 3005933615

SECTION A - SITE INFORMATION

REPORTING FIRM NAME: CHEMI PHARMACEUTICAL INC
 STATE OF INC.: ONTARIO

SITE ADDRESS (No P.O. Box): 1435 BONHILL ROAD, UNIT 37-38
 SITE TELEPHONE NUMBER: (905) 670-7600

CITY: MISSISSAUGA STATE: ON ZIP CODE: L5T 1V2 COUNTRY: CANADA
 BUSINESS CATEGORY: HUMAN VETERINARY

SITE MAILING ADDRESS (If different from site address):

CITY: STATE: ZIP CODE: COUNTRY: SITE INTERNET/EMAIL ADDRESS:

DOING BUSINESS AS (DBA) NAME OF FIRM (if applicable):

COPY

PARENT COMPANY NAME:

REASON(S) FOR SUBMISSION <input checked="" type="checkbox"/> Firm Registration <input type="checkbox"/> Registration of Additional Site <input type="checkbox"/> Re-Registration <input type="checkbox"/> LC Assignment <input type="checkbox"/> Name Change	<input type="checkbox"/> Address Change <input type="checkbox"/> Merger/Buyout <input type="checkbox"/> Reentry into Business with Same Name <input type="checkbox"/> Out of Business	TYPE OF OWNERSHIP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Coop. Assn. <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other _____	PERSON SUBMITTING DATA AND TELEPHONE BUSINESS TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Relabeler <input type="checkbox"/> Distributor* <input type="checkbox"/> Foreign Country <input checked="" type="checkbox"/> Analytical Lab <input type="checkbox"/> Other _____
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SECTION B - FIRM COMPLIANCE MAILING ADDRESS for Annual Listing Report and/or Firm Correspondence

NUMBER AND STREET AND/OR P.O. BOX and ATTENTION LINE and/or Internal Mail Code: 1435 BONHILL ROAD, UNIT 37-38
 TELEPHONE NUMBER: (905) 670-7600

CITY: MISSISSAUGA STATE: ON ZIP CODE: L5T 1V2 COUNTRY: CANADA
 COMPLIANCE INTERNET/EMAIL ADDRESS: estavrikov@chemipharmaceutical.com

SECTION C - ADDITIONAL FIRM AND SITE INFORMATION

NAME OF OWNER, PARTNERS OR OFFICERS	TITLE	POSITION
Mrs. MARIANA STAVRIKOV, M.Sc.	PRESIDENT	
Mr. EMIL STAVRIKOV, M.Sc.	VICE PRESIDENT	

OTHER FIRMS DOING BUSINESS AT THIS SITE

LABELER CODE	FIRM NAME	LABELER CODE	FIRM NAME
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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APR 10 2006

SECTION D - SIGNATURE

SIGNATURE OF AUTHORIZING OFFICIAL: *E. STAVRIKOV* TITLE: VICE PRESIDENT DATE: 04/06/2006

DRLS

***DISTRIBUTOR'S CERTIFICATION:** As a, Distributor, I am submitting product listing information to the FDA on my own behalf. I have provided a copy of this certification (Form FDA 2656) to the registered manufacturer(s). My signature and phone number are listed below.

DRLS

RETURN THIS FORM TO:
 FOOD AND DRUG ADMINISTRATION
 CDER DRUG REGISTRATION AND LISTING, (HFD-143)
 5901 B AMMENDALE ROAD
 BELTSVILLE, MD 20705
 INTERNET: DRUGLISTING@CDER.FDA.GOV

SIGNATURE OF DISTRIBUTOR: _____
 DISTRIBUTOR'S TELEPHONE NUMBER: ()

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